

1. Level of Licensure/Service

- 1 - BLS Transport 3 - ALS Transport 5 - Air
2 - BLS Nontransport 4 - ALS Nontransport

2. Street Type

- 1 - City Highway 4 - Rural Highway 7 - Other, use narrative
2 - City Interstate 5 - Rural Interstate
3 - City Street 6 - Rural Road

3. Response Area

- 1 - City/Town 2 - Rural/Country

4. Location of Call

- 1 - Assisted Living 7 - Industrial Site 13 - Str/Rd/H.way/I.st
2 - Clinic/MD Office 8 - Office/Business 14 - Urgent Care Center
3 - Correctional Facility 9 - Public Area 15 - Walk-ins
4 - Extended Care Facility 10 - Public Building 16 - Water
5 - Farm/Ranch 11 - Rec/ Sports Facility 17 - Other, use narrative
6 - Hospital 12 - Residence

5. Mechanism of Injury or Illness - "The Cause"

- 1 - Adverse Drug Reaction 11 - Explosion 21 - Penetrating Object
2 - Animal 12 - Fall 22 - Poisoning - Acci.
3 - Blunt Object 13 - Gunshot - Acci. 23 - Poisoning - Intent.
4 - Burn/Chemical 14 - Gunshot - Intent. 24 - Sexual Assault
5 - Burn/Thermal 15 - Inhalation 25 - Sports/Play Injury
6 - Child Abuse - Suspected 16 - Impaled Object 26 - Strangulation/Suff.
7 - Choking/Aspiration 17 - Machine/Equipment 27 - Suicide
8 - Domestic Violence 18 - Motor Vehicle Crash 28 - Other, use narrative
9 - Drowning 19 - Overdose Accidental
10 - Electric Shock 20 - Overdose Intentional

6. What is wrong with the Medical Patient or Trauma Patient?

(See page 10 for coding)

7. Severity of Medical or Trauma Codes

- 1 - Green/Non Urgent 3 - Red/Life Threatening 5 - Code 99 CPR in Progress
2 - Yellow/Urgent 4 - Black/DOA

8. Race

- 1 - Asian 3 - Hispanic 5 - Native American 7 - Other, use narrative
2 - Black 4 - Hispanic Non-white 6 - White 8 - Unknown

9. Care Refusal

- 1 - DNR 3 - Patient Signature 5 - Other
2 - Guardian Signature 4 - Power of Attorney for Health Care 6 - N/A

10. Special Factors Affecting Care

- 1 - Adverse Weather 7 - EMS Vehicle Problems 12 - Suspected Drugs
2 - Combative Patient 8 - Equipment 13 - Terrain
3 - Crowd Control 9 - HAZMAT 14 - Traffic
4 - Delay in Access 10 - Language Barrier 15 - Weapon
5 - Delay in Detection 11 - Suspected Alcohol 16 - Other, use narrative
6 - Extrication >20 Min

11. Time for Extrication

- 1 - 0 to 5 Minutes 3 - 11 to 15 Minutes 5 - >20 Minutes
2 - 6 to 10 Minutes 4 - 16 to 20 Minutes

12. Outcome of Call

- 1 - Cancelled 7 - Standby 12 - Transferred to ALS
2 - Dead at Scene 8 - To Clinic 13 - Transferred to BLS
3 - False Call 9 - To Hospital 14 - Treat, No Transport
4 - Interfacility Transfer 10 - To Nursing Home 15 - Transport - other
5 - Refused Transport 11 - To Personal Resid. 16 - Other, use narrative
6 - Refused Treatment

13. Type of Medical Control

- 1 - New Written Orders 2 - Verbal Orders 3 - Written/Standing Protocol

14. Receiving Hospital Contacted

- 1 - No 2 - Yes

15. Diverted

- 1 - Yes, use narrative

16. Drug Therapies

- 23 - Ipecac
1 - Acetaminophen 24 - Lidocaine
2 - Activated Charcoal 25 - Magnesium Sulfate
3 - Adenosine 26 - Mannitol
4 - Albuterol 27 - Meperidine
5 - Aminophylline 28 - Metaproterenol
6 - Aspirin 29 - Methylprednisolone
7 - Atropine 30 - Mivacron
8 - Bretylium Tosylate 31 - Morphine
9 - Bumetanide 32 - Narcan
10 - Calcium Chloride 33 - Nitroglycerin
11 - Calcium Gluconate 34 - Nitrous Oxide
12 - Dexamethasone 35 - Oxygen
13 - Dextrose (50%) 36 - Pitocin
14 - Diazepam 37 - Procainamide
15 - Diphenhydramine 38 - Sodium Bicarbonate
16 - Dopamine 39 - Succinylcholine
17 - Epinephrine 40 - Terbutaline
18 - Furosemide 41 - Thiamine
19 - Glucagon 42 - Toradol
20 - Glucose 43 - Verapamil
21 - Heparin 44 - Other - use narrative
22 - Ibuprofen 45 - N/A

17. IV Therapies/Fluids

- 1 - D5W 3 - Normal Saline 5 - N/A
2 - Lactated Ringers 4 - Other - use narrative

18. Field Interventions Performed

- 1 - Allergic Reaction Management 12 - Extrication/Rescue
2 - Blood Draw/Successful 13 - IV, Intraosseous
3 - Blood Draw/Unsuccessful 14 - IV, Monitored
4 - Blood Glucose Check 15 - IV, Peripheral
5 - CPR 16 - Needle Decompression
6 - Defibrillation - Automatic 17 - Pt. Assisted Medications
7 - Defibrillation - Manual 18 - Poison Management
8 - Defibrillation - Semiautomatic 19 - Shock Management
9 - ECG Lead 2 20 - Shock Trousers
10 - ECG 3 Lead 21 - Other, use narrative
11 - ECG 12 Lead 22 - N/A

Cardiac Data**19. Symptoms prior to arrest?**

- 1 - No 2 - Yes 3 - Unknown

20. Arrest witnessed?

- 1 - No 2 - Yes 3 - Unknown

21. Witness of Cardiac Arrest

- 1 - Bystander - use narrative to describe witness 2 - EMS Personnel

22. Arrest to Call

1. 0 - 1 Min. 3. 2 - 3 Min. 5. 4 - 5 Min. 7. Unknown
2. 1 - 2 Min. 4. 3 - 4 Min. 6. >5 Min.

23. Arrest to time of first CPR

1. 0 - 1 Min. 3. 2 - 3 Min. 5. 4 - 5 Min. 7. Unknown
2. 1 - 2 Min. 4. 3 - 4 Min. 6. >5 Min.

24. Pre-EMS Arrival CPR Data

- 1 - Citizen with dispatcher help 5 - No CPR initiated
2 - Citizen without dispatcher help 6 - Other use narrative
3 - EMS/Fire/Law 7 - Defibrillation - NO
4 - MD/DDS/RN/LPN 8 - Defibrillation - YES

25. Call to Responder CPR

1. <4 Min. 3. 6 - 8 Min. 5. Unknown
2. 4 - 6 Min. 4. >8 Min.

26. Arrest to Defibrillation

1. <4 Min. 3. 6 - 8 Min. 5. Unknown
2. 4 - 6 Min. 4. >8 Min.

27. Number of Pre-EMS Shocks Delivered? (Place # in box 27)**28. Pre-EMS Shocks Successful?**

- 1 - No 2 - Yes

29. Number of EMS Shocks Delivered? (Place # in box 29)**30. EMS Shocks Successful?**

- 1 - No 2 - Yes

31. Arrest to ALS/ACLS

1. <4 Min. 3. 6 - 8 Min. 5. Unknown
2. 4 - 6 Min. 4. >8 Min.

32. Time CPR Discontinued

1. 15 - 20 Min. 3. 30 - 40 Min. 5. 50 - 60 Min.
2. 20 - 30 Min. 4. 40 - 50 Min. 6. >60 Min.

33. Pulse restored prior to hospital?

- 1 - No 2 - Yes

34. Pulse restored at hospital?

- 1 - No 2 - Yes 3 - Unknown

TRAUMA SYSTEM ACTIVATION - APPLY TRAUMA BAND**35. Step 1: Vital Signs & Levels of Consciousness****Activate Trauma Protocols and Contact Medical Control**

- | | Adult | Peds |
|------------------------|------------|--------------------------------|
| 1 - Heart Rate | >130 | <60 or >135 |
| 2 - Systolic BP | <85 | <70 or capillary refill >2 sec |
| 3 - Respiratory Rate | <10 or >29 | <10 or >30 |
| 4 - Glasgow Coma Score | <13 | <13 |

36. Step 2: Anatomy of Injury**Activate Trauma Protocols and Contact Medical Control**

- 1 - Penetrating injury of head, neck, torso, groin, or
2 - Combination of burns >20%, or involving face or airway, or
3 - Amputation above wrist/ankle, or
4 - Spinal Cord Injury, or
5 - Flail Chest, or
6 - Two or more obvious proximal long bone fractures

37. Step 3: Assess Biomechanics of Injury**Consult Medical Control for System Activation**

- 1 - Ejected from vehicle
2 - Auto-Pedestrian/auto-bicycle injury with significant (>5mph) impact
3 - Motorcycle, ATV, Bicycle Crash
4 - Pedestrian thrown or run over

38. Step 4: Other Risk Factors**Consult Medical Control for System Activation**

- 1 - Provider Impression
2 - Co-morbid Factors
 Extreme of Age (<2 or >60)
 Hostile Environment (e.g. - extremes of heat or cold)
 Medical Illness (e.g. - COPD, CHF, renal failure, etc.)
 Presence of intoxicants/hazardous materials
 Pregnancy
3 - High energy transfer situation
 Rollover
 Falls >10 Feet
 Extrication Time >20 minutes
4 - Burn Injury
 2nd and 3rd degree burns of face, hands, feet, and perineum.
 Significant Electrical Burns
 Closed space fire (inhalation)

39. Who Activated the Trauma System?

- 1 - Out-hosp-provider 2 - Receiving Emer. Dept. 3 - Trauma Comm Center

TRAINING ONLY

CRITICAL INCIDENT STRESS MANAGEMENT

The Nebraska Critical Incident Stress Management (CISM) Program provides a system of support services for emergency medical personnel, firefighters, law enforcement, hospital personnel, dispatchers and correctional officers throughout the state. Specially trained team members assist emergency service personnel with traumatic events and stressful aspects of their occupation.

Stress is a normal state of physical and psychological arousal. Without stress we would lack challenges and motivation. Stress can be difficult to manage when it results from ongoing frustrations and demands, or from a single traumatic experience.

Emergency service occupations are often exciting and rewarding; yet they can be emotionally difficult and physically draining. Emergency services workers are exposed to constant doses of low to moderate-level stress and occasional doses of high-level stress. High-level stress may cause symptoms of a stress reaction. These symptoms are; **PHYSICAL** – fatigue and headaches, **COGNITIVE** – trouble concentrating, memory loss and problem solving difficulties, **EMOTIONAL** – excessive irritability and grief, **BEHAVIORAL** – withdrawal and inability to relax.

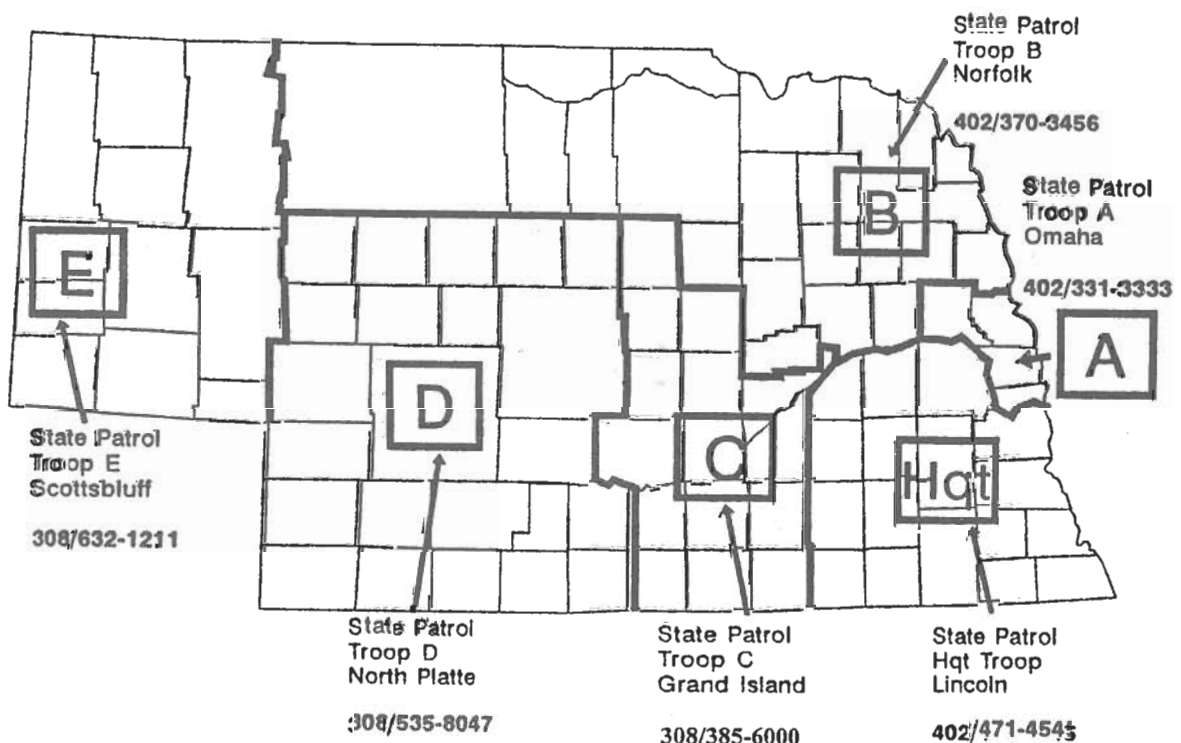
WHAT IS A CRITICAL INCIDENT STRESS DEBRIEFING (CISD) A debriefing is a group interaction where a trained team of debriefers allows emergency service personnel to talk about their thoughts, actions, and reactions to a stressful event. A debriefing session is **NOT GROUP THERAPY** and it is **NOT A CRITIQUE** of the event. The information shared in a CISD is strictly confidential. A CISD is an opportunity to learn what normal expected behaviors and feelings are following a stressful event. It is also a time to learn ways to manage stress symptoms.

WHEN IS IT TIME TO REQUEST A CISD SESSION? A debriefing may be needed if the following indicators, as well as others, are present; disrupted sleep patterns, mood swings, depression, anxiety, overwhelming stress symptoms within 48 hours of an event, or a continuation of stress symptoms 48 to 72 hours after an event.

HOW TO REQUEST THE ASSISTANCE OF THE CISM TEAM

1. Following the incident, the Nebraska State Patrol (NSP) Troop in your area is informed of the possible need for a Critical Incident Stress Debriefing session.
2. The NSP Troop dispatcher finds out the name of the community involved, nature of the incident, and the name and telephone number of the contact person.
3. Information regarding the incident is given to the Clinical Director or their designee.
4. The Clinical Director calls the site to confirm the need for CISM services.
5. The designated CISM contact in the area is notified and the schedule is set.
6. A CISD session is conducted at the designated location.

Critical Incident Stress Management Regions and the Nebraska State Patrol contact information



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Medical Release

Refusal of Evaluation, Treatment and/or Transportation

Emergency Medical Services Personnel Instructions

CRITERIA

1. Make sure the patient is a mentally competent adult (19 or older) and has the legal capability of refusing evaluation, treatment and transportation. The patient is mentally competent, if he/she is aware of his/her surroundings, oriented to time, place, person and events. The person cannot be significantly mentally impaired in any way, either congenitally, physiologically, (e.g. - head injury) or chemically (e.g. – alcohol or drug abuse)
2. If the patient is under the age of 19, only a legal guardian can refuse medical care on behalf of the patient. If a parent or legal guardian is not present, a police officer should make the evaluation, treatment and transportation decision.
3. The witness to the refusal should in most cases be law enforcement personnel. If law enforcement is not available, the family/responsible party, should be the witness. AS A LAST RESORT the EMS provider may sign as the witness if none of the above named persons are present.

PROCEDURE

1. Fill out the Refusal or Evaluation, Treatment and/or Transportation form in INK.
2. Ascertain the Patient Name, Age, Date of Birth, Home Address including City, State, Zip Code and Phone Number.
3. In the presence of the witness read the “Refusal of Evaluation, Treatment and/or Transportation” to the Patient or Legal Guardian.
4. Ask the Patient and/or the Legal Guardian if he/she understands what was read to them. If the Patient and/or the Legal Guardian does not understand what was read, read the “Refusal of Evaluation, Treatment and/or Transportation” to them again asking them periodically, if they understand what you are reading.
5. Have the Patient and/or the Legal Guardian sign the “Refusal of Evaluation, Treatment and/or Transportation” form.
6. If the Patient and/or the Legal Guardian refuses to sign the form have the law enforcement personnel sign the form for the Patient and/or the Legal Guardian in the Witness section.
7. After the Patient and/or the Legal Guardian or Law Enforcement person has signed the form, the out of hospital provider/s signs the form.

RELEASE OF LIABILITY

"I hereby acknowledge that I have been advised that evaluation, treatment and/or transportation is necessary for my condition.

I have also been informed of the potential risk involved if I do not comply with this advice.

I hereby state my refusal to follow the advice given me by emergency medical personnel and refuse further evaluation, treatment and/or transportation to a medical facility.

I, by the above statements, absolve and hold harmless of any responsibility all emergency services personnel, and their agents, from any ill effects which may result from my actions."

Patient Name _____ Age _____ Date of Birth _____ / _____ / _____
(Please Print)

Parent/Guardian Name _____ Date _____ Time _____

Patient Street Address, City, State, Zip Code and Phone Number _____

Type of Incident _____

Patient Signature _____ Date _____ Time _____

WITNESS

The patient, and/or their guardian, named above has refused the medical services as indicated and refused to sign this form acknowledging his/her act. Signing this form I hereby attest to these facts and the accuracy of the information herein.

Witness Signature _____ Title _____

Date _____ Time _____

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Glasgow Coma Scale					Adult Trauma Scale			
	Infants	Children and Adults	Score		GCS Score	13 – 15 9 – 12 6 – 8 4 – 5 3	4 3 2 1 0	4 3 2 1 0
Eye Opening	Spontaneous	Spontaneous	4	4				
	To voice or sound	To voice	3	3				
	To pain	To pain	2	2				
	No response	No response	1	1				
Verbal	Appropriate words or sounds, fixes, follows, social smile.	Oriented	5	5	Respiratory Rate	10 – 29 > 29 6 – 9 1 – 5 None	4 3 2 1 0	4 3 2 1 0
	Cries but consolable	Confused	4	4				
	Persistently irritable	Inappropriate words	3	3				
	Moans or grunts to pain	Incomprehensible sounds	2	2				
	None - flaccid	No response	1	1				
	Motor – Best Response in extremity or face	Spontaneous movement	Obeys commands	6				
Localizes to pain		Localizes to pain	5	5				
Withdraws from pain		Withdraws to pain	4	4				
Flexion posturing to pain		Flexion posturing to pain	3	3				
Extension posturing to pain		Extension posturing to pain	2	2				
None - flaccid		None - flaccid	1	1				
GCS Score				Trauma Score				

Pediatric Trauma Scale					Score	
	+ 2 if	+ 1 if	- 1 if			
Weight is	> 44 lbs.	22 – 44 lbs.	< 22 lbs.			
Airway is	Patent	Maintainable	Non-maintainable			
Sys. BP w/cuff	> 90 mm Hg	50 – 90 mm Hg	< 50 mm Hg			
Pulses or	Radial	Carotid or Groin	Non-palpable			
Cap. Refill	< 2 seconds	> 2 but < 4 seconds	> 4 seconds			
Level of Consciousness	Appropriately alert or awake	Responds to voice or pain, any loss of consciousness	Unresponsive or comatose			
Fractures	None	Closed or suspected	Multiple closed or open			
Wounds	None	Minor abrasions or lacerations. Burns > 10% <u>not</u> involving face, airway, hands, feet or genitalia	Penetrating wound, major avulsions or lacerations. Burns > 10% <u>involving</u> face, airway, hands, feet or genitalia			
12 – 9 Minor 8 – 6 Potentially Life Threatening 5 – 0 Life Threatening < 0 Usually Fatal					Trauma Score	

APGAR Scoring							
<ul style="list-style-type: none">● APGAR Scoring should be done at 1 and 5 minutes after birth.● If score is less than 5 at 5 minutes, score again at 10 minutes.● If the infant is being resuscitated during APGAR scoring, notation should be made by the score in the narrative.● Circle your observation and total scores. Enter totals in the narrative.							
	0	1	2		0	1	2
Heart Rate	Absent	< 100 bpm	100+ bpm	Heart Rate	Absent	< 100 bpm	100+ bpm
Respiratory Effort	Absent	Slow, Irregular	Good crying	Respiratory Effort	Absent	Slow, Irregular	Good crying
Muscle Tone	Flaccid	Some flexion extremities	Active motion, well flexed extremities	Muscle Tone	Flaccid	Some flexion extremities	Active motion, well flexed extremities
Reflex Irritability	No response	Grimace	Vigorous cry cough, sneeze	Reflex Irritability	No response	Grimace	Vigorous cry cough, sneeze
Color	Blue, pale	Body pink, extremities blue	Completely pink	Color	Blue, pale	Body pink extremities blue	Completely pink
Total: 0		Total: _____	Total: _____	Total: 0		Total: _____	Total: _____
			Grand total at 1 minute _____				Grand total at 5 minutes _____

Guidelines for Critical Burns

- Burns of any degree involving MORE THAN 25 PERCENT of Body Surface Area (BSA)
- THIRD DEGREE burns involving more than 10 percent BSA
- Burns complicated by RESPIRATORY INJURY
- Almost all burns of the FACE or MAJOR SOFT TISSUE INJURY
- Burns complicated by FRACTURE/S OR MAJOR SOFT TISSUE INJURY
- ELECTRICAL burns and DEEP CHEMICAL burns
- Burns occurring in patients with SERIOUS UNDERLYING DISEASE (e.g., heart disease, diabetes, etc.)

MEASURING BODY SURFACE AREA TECHNIQUES

- The PALM IS APPROXIMATELY 1 PERCENT of the body surface, or the,
- Rule of NINES

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TRAUMA – These codes are to be inserted in # 6 on the Template - Page 1.											
Abrasion											
Amputation											
Burn											
Contusion											
Crush Injury											
Deformity											
Dislocation/Fracture											
Open Wound											
Pain											
Penetrating											
Sprain/Strain											
Swelling											
Abdomen	000	010	020	030	040	050	060	070	080	090	110
Back	001	011	021	031	041	051	061	071	081	091	111
Chest	002	012	022	032	042	052	062	072	082	092	112
Face	003	013	023	033	043	053	063	073	083	093	113
Hand/Foot	004	014	024	034	044	054	064	074	084	094	114
Head	005	015	025	035	045	055	065	075	085	095	115
Lower Extr.	006	016	026	036	046	056	066	076	086	096	116
Neck	007	017	027	037	047	057	067	077	087	097	117
Pelvic/Genital	008	018	028	038	048	058	068	078	088	098	118
Upper Extr.	009	019	029	039	049	059	069	079	089	099	119

TRAUMA – These codes are to be inserted in # 6 on the Template - Page 1.

Abrasion												
Amputation												
Burn												
Contusion												
Crush Injury												
Deformity												
Dislocation/Fracture												
Open Wound												
Pain												
Penetrating												
Sprain/Strain												
Swelling												

Abdomen	000	010	020	030	040		060	070	080	090		110
Back	001	011	021	031	041	051	061	071	081	091		111
Chest	002	012	022	032	042	052	062	072	082	092		112
Face	003	013	023	033	043	053	063	073	083	093	103	113
Hand/Foot	004	014	024	034	044	054	064	074	084	094	104	114
Head	005		025	035	045	055	065	075	085	095	105	115
Lower Extr.	006	016	026	036	046	056	066	076	086	096	106	116
Neck	007	017	027	037	047	057	067	077	087	097	107	117
Pelvic/Genital	008	018	028	038	048	058	068	078	088	098	108	118
Upper Extr.	009	019	029	039	049	059	069	079	089	099	109	119

MEDICAL – These codes are to be inserted in # 6 on the Template - Page 1.

Cardiovascular 200 – Cardiac Arrest 201 – Cardiac Arrhythmia 202 – Congestive Heart Failure (CHF) 203 – Pulmonary Edema 204 – Suspected MI (Chest Pain) 205 – Other, use narrative	Neurologic 240 – CVA/Stroke 241 – Coma, unknown cause 242 – Decreased LOC 243 – Headache 244 – Neuromuscular Symptoms 245 – Seizure/Epilepsy 246 – Syncope 247 – Other, use narrative	Obstetric/Gynecologic 280 – Active Labor 281 – Delivery at Scene 282 – Delivery En Route 283 – Miscarriage 284 – Pregnancy - Complications 285 – Preterm Delivery 286 – Vaginal Bleeding 287 – Other, use narrative
Respiratory 210 – Hyperventilation 211 – Respiratory Difficulty, use narrative 212 – Other, use narrative	Abdominal 250 – Abdominal Other (diarrhea, etc.) 251 – Internal Bleeding 252 – Internal Bleeding w/shock 253 – Other, use narrative	Other Illness 290 – Drug related illness 291 – Infection 292 – Heat Stroke/exhaustion 293 – Hypothermia/frostbite 294 – Musculo-skeletal pain 295 – Non-cardiac chest pain 296 – Post-operative complication 297 – Terminal Illness 298 – Other, use narrative
Genito Urinary 220 – Genito Urinary Problem 221 – Other, use narrative	Metabolic/Endocrine 260 – Blood Problem (Hemophilia, etc.) 261 – Hyperglycemia 262 – Hypoglycemia 263 – Liver 264 – Other, use narrative	
Pediatric 230 – Congenital illness/defect 231 – Dehydration 232 – Respiratory 233 – Seizure (febrile) 234 – SIDS 235 – Other, use narrative	Psychiatric 270 – Agitation/Assaultive Behavior 271 – Anxiety/Grief Reaction 272 – Depression 273 – Hallucination/Bizarre Behavior 274 – Other, use narrative	